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EASTERN DISTRICT OF CALIFORNIA

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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

CRB

CV 08

0802

*Jeffery Eugene Walker*  
Plaintiff,

CASE NO. \_\_\_\_\_

vs.

*John doe 1*  
*John doe 2*  
*Jane doe senior deputy*  
Defendant.

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

(PR)

I, *Jeffery Walker*, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed?

Yes \_\_\_\_\_ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: *N/A* Net: *N/A*

Employer: \_\_\_\_\_

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received. (If you are imprisoned, specify the last place of  
2 employment prior to imprisonment)

3 MT. WONDERFUL entertainment BUSINESS owner

6 2. Have you received, within the past twelve (12) months, any money from any of the following  
7 sources:

8 a. Business, Profession or  
9 self employment

Yes \_\_\_ No ☒

10 b. Income from stocks, bonds,  
11 or royalties?

Yes \_\_\_ No ☒

12 c. Rent payments?

Yes \_\_\_ No ☒

13 d. Pensions, annuities, or  
14 life insurance payments?

Yes \_\_\_ No ☒

15 e. Federal or State welfare payments,  
16 Social Security or other govern-  
17 ment source?

Yes \_\_\_ No ☒

18 If the answer is "yes" to any of the above, describe each source of money and state the amount  
19 received from each.

22 3. Are you married? separated 14 yrs Yes \_\_\_ No \_\_\_

23 Spouse's Full Name: Angela Marie Walker (Thomas)

24 Spouse's Place of Employment: unknown

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ N/A Net \$ N/A

27 4. a. List amount you contribute to your spouse's support: \$ None

28 b. List the persons other than your spouse who are dependent upon you for support

1 and indicate how much you contribute toward their support. (NOTE: For minor  
2 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

3 My family has custody of four kids  
4

5 5. Do you own or are you buying a home? Yes ☐ No ☒

6 Estimated Market Value: \$ — Amount of Mortgage: \$ —

7 6. Do you own an automobile? Yes ☐ No ☐

8 Make — Year N/A Model —

9 Is it financed? Yes ☐ No ☐ If so, Total due: \$ —

10 Monthly Payment: \$ —

11 7. Do you have a bank account? Yes ☒ No ☐ (Do not include account numbers.)

12 Name(s) and address(es) of bank: Wells Fargo  
13

14 Present balance(s): \$ Negative

15 Do you own any cash? Yes ☐ No ☒ Amount: \$ —

16 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
17 market value.) Yes ☐ No ☒

18  
19 8. What are your monthly expenses?

20 Rent: \$ Income custody Utilities: —

21 Food: \$ — Clothing: —

22 Charge Accounts:

23 Name of Account	Monthly Payment	Total Owed on This Acct
24 <u>N/A</u>	\$ <u>—</u>	\$ <u>—</u>
25 <u>N/A</u>	\$ <u>—</u>	\$ <u>—</u>
26 <u>N/A</u>	\$ <u>—</u>	\$ <u>—</u>

27 9. Do you have any other debts? (List current obligations, indicating amounts and to whom  
28 they are payable. Do not include account numbers.)

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☐ No ☒

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

1-27-08

DATE

SIGNATURE OF APPLICANT

Jeffrey Eugene Warkner

Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

F11343

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of WALKER, J. for the last six months at

[prisoner name]

CMF

where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 12-13-07

M. Abner

[Authorized officer of the institution]

REPORT ID: TS3030 .701

REPORT DATE: 12/13/07  
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIFORNIA MEDICAL FACILITY  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 13, 2007 THRU DEC. 13, 2007

ACCOUNT NUMBER : F11343  
ACCOUNT NAME : WALKER, JEFFERY  
PRIVILEGE GROUP: A

BED/CELL NUMBER: MIL1000000001365  
ACCOUNT TYPE: I

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.

ATTEST: 12-13-07

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY M. J. Jones  
TRUST OFFICE

CURRENT  
AVAILABLE  
BALANCE

0.00